

State of New Mexico

Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
 AsOfDate 03/01/2013

3000008323

03/06/13

Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount	
Number	Line		Line#	Description			Withhold		Year	Month			
00327437	1	I/S meals & lodging	1	542200	Employee I/S Meals & L.	06105	NASH GAYLE-001		2013	02	0000098378	Nash, G. 1.28-2.	420.00
Total For Voucher												420.00	

MM

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
 Voucher ID: 00327437
 Voucher Style: Regular
 Invoice Number: Nash, G. 1.28-2.1.13
 Invoice Date: 02/28/2013
 Total: 420.00

Vendor: NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502
 Pay Terms: Pay Now  Schedule Payments

Payment Information

Scheduled Payment: 1
 Remit to: 0000099443 
 Location: 001 
 Address: 1 
 Gross Amount: 420.00 USD
 Discount: 0.00 USD
 Discount Denied
 Late Charge

NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502
 Scheduled Due: 02/28/2013 
 Net Due: 02/28/2013
 Discount Due:
 Accounting Date:

Payment Method
 Bank: WFB10
 Account: B
 Method: ACH ACH
 Pay Group: RE
 Handling: N
 Netting: 
 Message: Message will appear on remittance advice.

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500 Invoice Number: Nash, G. 1.28-2.1.13
Voucher ID: 00327437 Invoice Date: 02/28/2013
Voucher Style: Regular Total: 420.00

Voucher Processing

☒ Post Voucher Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID:  

Tax Group

AGENCY
DEPARTMENT OF HEALTH

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE	1	DATE	2/1/2013
AGENCY	66500	VOUCHER NUMBER	00327437

NAME Gayle Nash		CAR LICENSE NUMBER 1768	POST OF DUTY Las Cruces	PROPOSED (ADVANCE VOUCHER)																				
VENDOR NUMBER 99443		MODEL Nissan	RESIDENCE Las Cruces	ACTUAL (RECOUPMENT VOUCHER)																				
REG. WORK DAY 8:00 AM THRU 5:00 PM		YEAR 2011																						
DATE	TIME: SHOW AM OR PM DEPARTURE ARRIVAL	CHARACTER OF EXPENDITURES BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION	ODOMETER/MAP MILES ENTER START & FINISH	NO. OF MILES																				
1/28/2013	6:00am	Depart Las Cruces to Santa Fe-S.Fe rates apply* Depart Santa Fe to Silver City-overnight Overnight Depart Silver City to Las Cruces, part day per diem-12.0 hrs		0																				
1/29/2013																								
1/30/2013																								
1/31/2013																								
2/1/2013																								
Per Diem is Based on (Check One) ACTUAL EXPENSES		<table border="1"> <thead> <tr> <th colspan="2">AMOUNTS</th> <th colspan="2">AMOUNTS</th> </tr> <tr> <th>TOTALS</th> <th>0</th> <th>0.00</th> <th>420.00</th> </tr> </thead> <tbody> <tr> <td>ADVANCE AMOUNTS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ADJUSTED</td> <td></td> <td></td> <td></td> </tr> <tr> <td>REIMBURSEMENT</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			AMOUNTS		AMOUNTS		TOTALS	0	0.00	420.00	ADVANCE AMOUNTS				ADJUSTED				REIMBURSEMENT			
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<input checked="" type="checkbox"/> I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.		<input checked="" type="checkbox"/> Employee Signature Date																						
<input checked="" type="checkbox"/> Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act. I ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL SECTION 10-8-5 (I), NMSA 1978																								
Signature (DOH-General Accounting Use Only)		Date																						
Signature required on overnight lodging exceeding \$215.00 per night:		DATE: 2-15-2013																						

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #: 001768-SG	
	Year: 2011	Make: Nissan	Model: Altima			


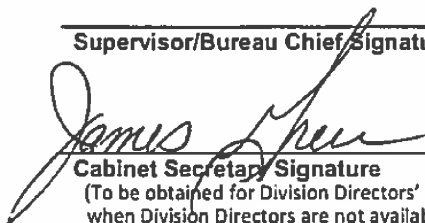
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with staff at FBMC and continue trip to Santa Fe to meet with Secretary/staff					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request: 01/25/13		Destination: Silver City and Santa Fe			
	Departure Date: (month/day/yr) 01/28/13	Time: 06:00 AM	Return Date: (month/day/yr) 2/1/13	Time: 06:00 PM		
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: @ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem: 3 @ \$85/day	\$ 255.00
546800: Registration – Vendor		Santa Fe Only: 1 @ \$135/day	\$ 135.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee	\$ 420.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 420.00
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 Employee Signature	2-15-2013 Date	 Supervisor/Bureau Chief Signature	Date
Division Director/Hospital Administrator (As per specific division requirements)	Date	Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)	Date